## P03000038114

(D <sub>0</sub>	questor's Name)					
(Ne	questors Name)					
	<del> </del>					
(Ad	dress)					
4						
(Address)						
•						
• (Cit	y/State/Zip/Phone	<del>e</del> #)				
	_	_				
PICK-UP	WAIT	MAIL				
	,					
(Bu	siness Entity Nan	ne)				
(Do	cument Number)					
Certified Copies	Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:					
		,				

Office Use Only



100110201371

10/04/07--01019--015 \*\*35.00

OT OCT -4 AM 9: 24
SECRETARY OF STATE
SECRETARY OF STATE

PA Changl 10/12/07 DC

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: UNITED APPRAISALS, INC. (Name of Corporation)
DOCUMENT NUMBER: P03000038114
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TERESA Scituctman (Name of Contact Person)  UNITED APPRAISALS, INC.  (Firm/Company)  16932 MIST MOOR LANE  (Address)
(Address)
SPRING HILL FL 34610 (City/State and Zip Code)
For further information concerning this matter, please call:
TEMESA SCHUCHMAN at (727) 246-9777  (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35,00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	visions of sections 607.050 is submitted for a corpord change its registered offic	ation organized w	nder the laws o	of the State of	- FLOR	ris 10A	proper.
1. The name of the o	corporation: UNI	TED APPRA	tisals, J	يمري	angulangan sayan palambah da kabulagan k		
2. The principal offi	ice address: 16932	MIST MOOR	LANE,	Spring	HILL, 1	<u> </u>	1461
3. The mailing addr	ess (if different):					The Art Commission of Commissi	
4. Date of incorpora	ntion/qualification: 04	04/2003	Document nur	nber: PO	30000	3811	4
5. The name and str Florida Departme	reet address of the current ent of State:	registered agent a	nd registered o	office on file v	with the		
·		L. Sam	ICHMAN				
	6650	ROWAN	ROAD	}	<del></del>		
Accordance to the second secon	NEW	ROWAN PT. R.	CCHEY-	E1 341	2 S	07	
		1 1 1 1 1 1 2		1_4	CR PAR	8	
6. The name and str (if changed):	reet address of the new reg	gistered agent (if c	hanged) and /	or registered o	TARY	4-1	-
-	TERE	sa Schu	CHMAN		mq		
	1693	A MIST (NOT neceptable)	MOOR L	WE	STA STS	9: 2	O
<del></del>	(P.O. Box	NOT neceptable)	<u> </u>			+	. ب
and a second	<u> </u>	ING HILL	, FL 30	1610			
The street address as changed will be	of its registered office an identical.	nd the street addre	ess of the busi	iness office of	f its registe	red age	ent,
Such change was a authorized by the	nuthorized by resolution operation	duly adopted by it has been notified	ts board of di	rectors or by the change.	an officer s	50	
Robert	J. Schuck	p		L. Sc			
	of an officer or director)	ad naget and na					
I further agree to of my duties, and I document is being forporation has be	e appointment as register comply with the provision I am familiar with and ac filed merely to reflect a gen, notified in writing of	ns of all statutes in cept the obligation of the obligation of the registry this change in the registry.	relative to the in of my posit istered office	proper and clion as registe address. I he	complete pe sred agent, reby confir	rforme Or, if m that	ince this the
To so o o	Victorian			10-02	- 200	7	
(Signal	ture of Registered Agent)		, , , , , , , , , , , , , , , , , , ,	(Date)	***************************************		
If signing on beha							
TERE	SA SCHUCHM ed or Printed Name)	NX.					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*

CR2E045 (8/05)